CAT SURRENDER APPLICATION

Humane Society Silicon Valley offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters, therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. If you feel you have exhausted all other options, please complete this form as thoroughly as possible and send back to us via the contact info on the last page. Thank you for your consideration!

*Reservations and Proof of Current Vaccinations are Required* Once we receive the completed application and proof of vaccinations (Rabies, FVRCP) we will contact you within 48 hours to review the information and discuss your options and next steps. Please do not bring your pet to the shelter without an appointment, as drop-in’s will not be accommodated.

**YOUR CONTACT INFORMATION**

| Your Name: | _______________________________ |
| E-mail: | _______________________________ |
| Address: | _______________________________ |
| City and Zip: | _______________________________ |

**DESCRIPTION OF YOUR CAT and BASIC HISTORY**

| Cat’s Name: | _______________________________ |
| Age: | _______ |
| Sex: | ☐ Male ☐ Female |
| Spayed/Neutered?: | ☐ Yes ☐ No |
| Breed/Color: | _______________________________ |
| Is your cat microchipped? | ☐ No ☐ Yes |
| Chip #: | _______________________________ |

Why do you need to give up your cat? ____________________________________________________________

If you have a time limit, please tell us the date you need to surrender by: _______________________________________

If we could help you resolve the issue, would you consider keeping your cat? ☐ Yes ☐ No ☐ Maybe

Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your cat a new home? ______________________________________________________________________________________________
____________________________________________________________________________________________

Does your cat have a tendency to bite or scratch? ☐ Yes ☐ No

If yes, does it break skin? ☐ Yes ☐ No

If yes, under what circumstances:
____________________________________________________________________________________________

Has your cat bitten anyone and broken skin in the **last 10 days**? ☐ Yes ☐ No

If yes, what were the circumstances:
____________________________________________________________________________________________

How long have you owned your cat? __________________________________________________________________________

If this is not your cat, who owns this cat?

Including yours, how many homes has this cat had? ______________________________________________________________

Where did you get your cat?

- ☐ Breeder
- ☐ Friend or Relative
- ☐ HSSV (when did you adopt?):
- ☐ Pet Store
- ☐ Advertisement
- ☐ Another Shelter / Rescue (which one?):
- ☐ Born at home
- ☐ Found stray
- ☐ Other:
FAMILY ENVIRONMENT

Please describe the human family members that your cat has lived with (check all that apply):

- Adult Men
- Adult Women
- Senior Citizens
- Children (what ages):

Did your home have children as visitors on a regular basis?  
- Yes  
- No

If yes, what were the ages of the children:

Describe your cat’s behavior around children (check all that apply):

- Friendly/playful
- Gentle
- Nervous / frightened
- Unpredictable
- Ignores or indifferent
- Roughhouses
- Actively avoids children
- Never been around children
- Other (please explain):

Would you recommend placing this cat in a home with children?  
- Yes  
- No

If no, please explain:

Please check all the animals that your cat has lived with (check all that apply):

- Male cats
- Rabbits
- Birds
- Dogs (what kind):

- Female cats
- Farm Animals
- Reptiles
- Small Animals (what kind):

- Other:

If your cat lives with other cats, how many are in the household?

Describe your cat’s behavior around other cats (check all that apply):

- Adores other cats
- Friendly/playful
- Frightened
- Aggressive with all cats
- Ignores or indifferent
- Bossy
- Cause this cat stress
- Aggressive with unfamiliar cats
- Good with some cats
- Roughhouses
- Avoids other cats
- Never been around other cats
- Other (please explain):

Would you recommend placing this cat in a home with other cats?  
- Yes  
- No

If no, please explain:

Describe your cat’s behavior around dogs (check all that apply):

- Never been around dogs
- Friendly/playful
- Bossy
- Frightened of dogs
- Ignores or indifferent
- Roughhouses
- Stressed by dogs
- Aggressive toward dogs
- Other (please explain):

Would you recommend placing this cat in a home with dogs?  
- Yes  
- No

If no, please explain:

HOME ENVIRONMENT

Where does your cat live?

- Indoors only
- Only outside with supervision
- Inside mostly
- Outside and in garage
- Inside and Outside equally
- Outdoors only

How many hours of a typical day is your cat home alone (check one):

- None, someone is always around
- Less than 1 hour
- 5-10 hours
- 10+ hours
- 1-5 hours
- Lived outdoors, never been inside
- Other (please explain):

How would you describe your household (check one)?

- Active, busy, and/or noisy
- Average
- Calm and/or quiet
Does your cat ever have any "bathroom accidents" (check all that apply):

- Never
- Occasionally
- Only if litter box is dirty
- Regularly
- Daily
- Other (please explain):

How many litter boxes are provided for your cat?  

ACTIVITIES, PLAY and BEHAVIOR

Would describe your cat as (check all that apply):

- Friendly and outgoing
- More like a dog than a cat
- Rambunctious
- Affectionate
- Lap cat
- Other (please explain):

How many litter boxes are provided for your cat?  

Does your cat (check all that apply):

- Use a scratching post
- Walk on a leash
- Meow a lot
- Chew on plants
- Like catnip
- Other (please explain):

Describe how your cat likes to play (check all that apply):

- Gently – no teeth or claws
- Likes mouse toys and/or balls
- Likes crackly things (ex. paper bags)
- Likes feather wands or pole toys
- Like playing with other cats
- Other (please explain):

Are there any places on your cat’s body that s/he does not like being touched, brushed or petted?  

What does your cat do when it has had enough petting (check one)?

- Walks away
- Growls, scratches, and/or bites
- Too much petting, what’s that!
- Other (please explain):

How does your cat react to visitors and/or strangers in your home (check all that apply)?

- Immediately curious of visitors
- Indifferent, goes about normal activity
- Other (please explain):

Is your cat afraid of anything (check all that apply)?

- Loud noises
- School aged children
- Strangers / Unfamiliar people
- Dogs
- Vacuum
- Babies and/or toddlers
- Unfamiliar cats
- Cars
- Broom
- Unpredictable children
- Unfamiliar dogs
- Anything new or different
- Other (please explain):

What does your cat do when afraid:

Does your cat have any bad habits or "quirks"?  

- Yes
- No

If yes, please explain:

Does your cat know any tricks or commands?  

- Yes
- No

If yes, please explain:
**HEALTH, DIET and GROOMING**

Name and Phone # of your cat’s veterinarian: ____________________________________________________________

Approximate date of last visit: ___________________    Reason for visit: ___________________________________

How does your cat react to seeing the veterinarian (check all that apply):

- Loves it
- Tolerates it
- Behaves aggressively
- Hates it
- Has never seen the vet

What brand of food does your cat eat? ________________________________________________________________

How often does your cat eat?  
- Once a day
- Twice a day
- Always available
- Other: ______________

Does your cat eat:  
- Wet food only
- Dry food only
- Combination
- Other: ______________

Is your cat declawed?  
- Yes-Front
- Yes-Back
- Not declawed

If yes, when was your cat declawed? ________________________________

Has your cat ever been diagnosed or treated for any of the following by a veterinarian (check all that apply):

- Urinary blockage
- Digestive problems
- Broken bone(s)
- Kidney or liver problems
- Required surgery
- Ringworm
- Ear mites
- Diabetes
- Compulsive grooming
- Flea allergies or skin problems
- Upper respiratory infection / conjunctivitis
- Urinary tract infection
- Thyroid disease
- Tumors and/or Cancer
- None, my cat has always been healthy
- Other illness / condition: ______________

Does your cat require any medications or a special diet?  

Is your cat accustomed to (check all that apply):

- Bathing
- Ear cleaning
- Brushing / combing
- Medicating
- Nail Trimming
- Other: ______________

Has your cat ever been kenneled/boarded at a:  

- Private Boarding Kennel
- Veterinarian
- Animal Shelter
- Never been boarded

If yes, how did your cat react to being kenneled / boarded? ________________________________________________

**OTHER**

What makes your cat the happiest?  

What upsets your cat the most?  

What else should we know about your cat so we may find it the best home?  

Thank you for taking the time to fill out this application, this information is key to helping us help you and your pet. Please send this completed form to:

HSSV Intake Department  
e-mail (preferred): intake@hssv.org  
Fax: (408)262-2131  
Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110